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SRI K. P. GOPALAN : I am not withdrawing my cut motion, Sir.

MR. SPEAKER : The question is—

“ That the allotment of Rs. 32,50,600 under ‘ Demand XXIII—Labour including Factories ’ be reduced by Rs. 100.”

The cut motion was put and lost.

MR. SPEAKER : I now put the original Demand to the vote of the House. The question is—

“ That the Government be granted a sum not exceeding Rs. 32,50,600 under ‘ Demand XXIII—Labour including Factories ’.”

The Demand was put and carried and the Grant was made.

(2) DEMAND XVI—MEDICAL.

(3) DEMAND XVII—PUBLIC HEALTH.

(4) DEMAND XXXVII—CAPITAL OUTLAY ON PUBLIC HEALTH.

MR. SPEAKER : We now proceed to the Demands Nos. XVI, XVII and XXXVII. The Leader of the Opposition will now speak.

SRI P. RAMAMURTHI : Mr. Speaker, Sir, I am departing from my usual practice of speaking in Tamil so that the Hon. Minister may not say later that he has not understood what I said. Just now we heard the reply of the Hon. the Minister for Labour who had stated that labour was his first charge, and that the Government were very much solicitous towards labour. I wish that as far as the Medical department is concerned the Government implemented that ardent desire of theirs.

I would take this Medical department under two or three heads. I would first take the condition meted out to the workers in the various hospitals. We are told that medical facilities in our State and generally in our country are very weak and that there is very great scope for expansion. We are told that hospitals are going to be expanded and all types of medical facilities are going to become plenty. We are being fed upon plenty of promises. What about the position of the workers in the hospitals? If we look at the budget provision, we will find that there are 6,000 workers of the lower subordinate staff in the districts as well as in the City. Three thousand of these people are employed on what is called ‘ Contingent expenditure ’. There are people who have put in 20 years’ service. There is one hospital—the Veterinary hospital—in Madras which does not contain on its roll a single worker on a permanent basis. All the workers are on ‘ Contingent expenditure ’. (Interruption by the Hon. Sri C. Subramaniam.) What applies to this hospital workers applies to other hospital workers also. As far as the entire State is concerned, there are three thousand workers on ‘ Contingent expenditure ’, and I do not know

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whether the Government think that these 3,000 hospital workers are not going to be required at all. What is the reason for keeping these people on 'Contingent expenditure' and not confirming them? Take the wages of these workers. These hospital workers are supposed to attend to the patients in the hospital. The lives of the patients certainly depend upon the hospital workers to a considerable extent. What is their condition of service? Pharmacy coolies, punkah-pullers and watchmen are all employed on a scale of pay of Rs. 10— $\frac{1}{2}$ —15. Even though there are no punkahs, still there are punkah-pullers. These workers are given a magnificent scale of Rs. 10— $\frac{1}{2}$ —15. The other day when I told the Hon. Minister that these people were working on this scale of pay, he was surprised at it. But this is exactly the case. The hospital workers get only this scale. Recently the Madras Government thought it fit after a good deal of agitation to pass an order in 1954 to increase their pay. What is the great increase that they have sanctioned? Instead of an increment of half a rupee annually they said that they would give an annual increment of Re. 1. That is, the scale of pay was changed from Rs. 10— $\frac{1}{2}$ —15 to Rs. 10—1—15. Even when they gave this small increment, they attached a condition to the order saying that there would be no retrospective effect. Normally the workers would be entitled to get arrears of pay, but this was denied because retrospective effect was not given to the order. This is the way the Government are trying to improve the condition of the workers. If the workers say that this scale would not satisfy them, the Government ask, 'Why not bring it to our notice?' Umpteen times this had been brought to their notice. They now say 'The workers are agitating; they have become agitators'. The Government want the workers to get on accepting whatever is paid to them and whatever be the conditions of their service.

It is universally agreed that a salary of Rs. 10 or Rs. 15 or Rs. 20 cannot be allowed to remain in any service. The minimum to-day must be put at Rs. 26. Whenever we bring the matter to the notice of the Government, the Government say, 'We have got no funds; what can we do'. Lack of funds is an excuse on the basis of which the workers are condemned permanently to live on this meagre wage. Therefore, I suggest that at least so far as the workers in the City hospitals are concerned, they should be given a City allowance so that their difficulties might be tied over to some extent. If the Government are not prepared to listen, the workers have after all to resort to direct action. As far as the workers are concerned, direct action is the last resort. They have represented their grievances again and again to Government. Their grievances should be redressed early.

What are the other conditions of service of these workers? You will find that all these workers or some of them, at any rate, are forced to work for twenty-four hours or sometimes even for thirty hours continuously. Even though there is the eight-hour shift

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system, the authorities in the various hospitals do not follow this system. The lives of the patients are entrusted to these workers in the hospitals. How will these workers attend to the needs of the patients if they are asked to work for 30 hours at a stretch? When I discussed this matter with the Hon. Minister, he said that he was not even aware that such a thing as this was prevailing in the General Hospital and the various other headquarters hospitals. The Government have sent a communication to the workers of the Trade Union in the King Institute saying that workers are required to work only for eight hours at a time. When the workers of the King Institute took that letter to the authorities of the King Institute and told them that they had a letter from the Government (signed by the Secretary to Government) informing them that they were not required to work for more than eight hours, and that they would not work for more than eight hours the next day, the head of that institute wanted a day's time to make arrangements. He said, 'Give me a day's time. From day-after-tomorrow you will have new arrangements. You need not work for more than eight hours'. Believing his assurance, the workers stayed away. But then all these workers have been dismissed summarily.

The Government pass an order that the workers are expected to work for eight hours only and when the workers act on that categorical statement of the Government, the head of the institution comes and says that he will dismiss them if they are not willing to work for more than eight hours. I should like to ask, what is the validity of written orders of the Government if they are not acted upon. Either the Government must be foolish in passing such orders or that the Secretary of the Government must be thoroughly misled in passing such orders in matters like these. The Government can take steps to put an end at least to this practice of compelling the workers to work for more than eight hours. If the Government cannot attend to even such simple requests, the workers are forced to resort to direct action or strike. Some drastic remedy must be taken immediately by the Government. I want the Government to come forward with a policy statement here and now and state that they would take steps to remedy some of the grievances of the workers. As far as the grant of city allowance is concerned, I want the Government to agree to it immediately. With regard to the other requests which involve finance, the Government may examine the whole matter and pass orders. The Government can take two or three months to pass orders. 10-50 a.m.

Yesterday, the Hon. Minister was saying that as far as the Government Institution of Indigenous Medicine was concerned, he was stating the policy of the Government. I have got certain figures with regard to this institution. The House might perhaps know that this institution was started some time ago in 1947. On the basis of an assurance given on the floor of the House by the then Minister for Health, a new course of studies was instituted. It was called G.C.I.M. Course. At that time, a Board of Studies

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was appointed by the Government consisting of certain experts in Ayurveda as well as in modern system of medicine. That Board went into the whole question and prescribed certain curriculum—certain course of studies. They are, Premedicals, Fundamentals, Materia Medica General, Materia Medical Special, Hygiene, Pathology, Toxicology, Medicine, Surgery and Midwifery. The number of hours set up for teaching indigenous medicine and for modern medicine by that Board was 2,446 and 3,219, respectively. That was the position in 1952. What is the position to-day? The number of hours for teaching the course in indigenous medicine has been reduced from 2,446 to 1,435 and for the course in modern medicine the number of hours has been increased from 3,219 to 4,195. Yet, Sir, the Graduates that come out from that institution are called Graduates in Indian Medicine. Out of a total of 5,630 hours for the G.C.I.M. Course, only just about 1,435 hours are allotted for teaching indigenous medicine. I cannot understand, Sir, in calling the students who undergo this course as Graduates in Indian Medicine. I would like to point out that the Government have been systematically reducing the various courses of study for Indian Medicine. Out of ten subjects that were being originally taught, only five subjects are now taught. Previously in 1952 every student was taught 'Premedicals'. Now, that subject has been omitted in the subjects for study for the G.C.I.M. Course. This is a very important subject and without a study of the same a student will not be able to understand the other subjects. Like that, five subjects which were originally taught to students in 1952 had now been cut off from the curriculum for the students undergoing training in this College. If the Government are not interested in continuing this institution as an Institution of Indian Medicine, if the Government have the courage of conviction to say that they are satisfied in coming to the conclusion that the Indian System of Medicine is an unscientific system, let them say so. But let them not try to balance both the Indian and Modern systems of Medicine. If the Government do not have the courage of conviction, let them not try to do things in a surreptitious way. I wish also to know on what basis the courses of studies for the students studying in this College have been drawn up. The Government in 1947 constituted a committee to go into this question. I wish to know, whether subsequent to that date any committee consisting of experts in Indian Medicine as well as in Modern Medicine went into the whole question and made recommendations. I think no such committee was appointed. Probably the Hon. Minister considers himself as an expert on the basis of his own understanding. We do not understand how Government Orders are passed, taking away certain subjects prescribed for study and examination for the students studying in this institution. The money spent on this institution comes from the tax-payers' contribution and it must be properly accounted for and there must be a policy on what basis the orders of the Government are passed, and we would like to know about that from the Hon. Minister.

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Some orders have been passed by this Government with reference to the working of this institution, and they are wonderful indeed. I will give some details about these orders. G.O. Ms. No. 2326, dated 17th June 1953, is one such order. This order has been issued for the sake of one particular candidate. One Miss Lalitha Shetty was studying in IV L.I.M. Course. She failed in Modern Medicine. Two months after she failed in the Modern Medicine examination, the Government issued the above order (G.O. Ms. No. 2326, dated 17th June 1953), exempting her from attending the hospital postings in the failed subject of Modern Medicine since she had passed the clinical part of the subject in the previous examination. We would like to know whether any such exemption had been granted in the history of any such institution anywhere at any time. Why should a special Government Order be passed granting exemption to a student from passing a particular course? What is the particular influence that was brought to bear on the Hon. Minister to pass such an order and if no influence was brought to bear on the Hon. Minister, we would like to know why such a Government Order had been issued for a particular candidate?

Again, Sir, there was a student by name Mr. Subhas Chandra Hegde. I do not know him. He might be a good boy. This boy was under-aged. He was, therefore, not admitted to the College of Indigenous Medicine. After admissions to the College had been over, the Government issued a special order, G.O. Ms. No. 3266, Health, dated 4th September 1953, exempting this student from the age-limit and also increasing the strength of the College from 100 to 101 in order to accommodate this student in the college. I do not know why the strength of the College should be increased in order to accommodate a single student. We do not understand this thing at all.

Again, Sir, in the April 1954 examination, a number of students failed in Indigenous Surgery and Indigenous Midwifery examinations. The Government issued a special Government Order saying that the subjects of Indigenous Surgery and Indigenous Medicine had been removed from study and examination of the G.C.I.M. curriculum and that the students who failed in the April 1954 examination in those subjects were deemed to have successfully completed the G.C.I.M. Course. I do not know why these boys should be exempted from sitting again for the examinations in which they have failed. I do not know whether anywhere such a thing is being done.

It must be noted that the students had already paid the tuition fees for those subjects and they were attending the classes for two months. They had already paid the examination fees for the subsequent examinations. Then at that time this kind of order was passed giving retrospective effect. A lot of talk is going on in the City to the effect that these things are being done because the Hon. Minister is personally interested in some of the candidates. These are the allegations that are made and I would like the Hon. Minister to clarify the position.

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Again, another wonderful Government Order was issued replacing the examiners in the Ayurveda side for the October examination held in 1954, while the same examiners for the April examination were retained for the December examination. Normally this is not done. New examiners are appointed for one examination and then immediately for the next examination the old examiners are brought back. I cannot understand such kinds of things. The Hon. Minister must throw clear light on all these points. Otherwise he will not be free from the charges that are levelled against him. I am hearing these talks in the bus and everywhere I go.

Then, so far as the Government School of Indigenous Medicine is concerned, I would like to mention one thing. There cannot be two scientific systems of medicine. There can be only one scientific system. Are there not good things in our ancient systems of medicine? Certainly there are so many good things. Therefore, unless we are able to find enough medical practitioners who will carry on research work into the various types of medicines that were used in the various Indian systems of medicine and integrate all of them into one common system, we cannot have a really scientific system. After all, there is nothing particularly scientific even about the modern system of medicine. Many of the modern medicines that have come are only on the basis of experiments conducted by the trial and error methods. Therefore, unless the whole thing is changed, unless there is one scientific system under which we can integrate the various systems of medicine and unless we are able to inculcate the consciousness among our medical practitioners of the modern system of medicine and make them realize that there is some good even in our ancient systems of medicine, this kind of perpetual division, viz., some people preferring the modern system of medicine and some people preferring the other system, will continue to exist. The great wisdom of our ancients as a result of which there are so many wonderful recipes will be wasted if a perpetual propaganda is carried on in our country that after all only the modern system of medicine can survive and that the other system has to die out. I am not bothered whether the system of indigenous medicine as such exists or not, but I am bothered about certain good things which our ancestors have handed over to us generations after generations and I am only particular that these good things must be preserved and integrated.

Then, there are also certain other matters on which I would like the Hon. Minister to clarify the position. Unfortunately, all these things are being talked about. For example, there is the Barnard Institute of Radiology. We all know that radium was discovered by one of the greatest scientists of the world. We all know how both Madam Curie and her husband had struggled hard for years under conditions of poverty in order to make this discovery and see that radium is utilized for the benefit of mankind. We certainly want that that benefit should go to everybody and that it should not be the monopoly of any particular group or clan. That is what

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we are interested in. But there are certain things about this institute and I would like the Hon. Minister to clarify the position. The Director of this Institute is one Dr. Manjunatha Rai. He may be a very good man—I know nothing about that gentleman—and he was about to retire last year. When he was about to retire, somebody else was being sent for getting training in radiology. Of course, it is a very good thing that somebody is given training. Why was it that the Government did not think of sending somebody sufficiently in time in order to get the requisite training but waited till the end when this gentleman was about to retire? Why is it that the Government chose a man at the last minute to receive training? The result was that the services of this Director have been extended because the Government did not take early steps to get properly trained people? (The Hon. Sri C. Subramaniam : His services have not been extended.) I would explain the position. A proposal was made that his services should be extended. But what has happened is that he has been appointed in an honorary capacity and he is practically in charge of the institution. My point is that even some two years ago, that is sufficiently in advance, they could have thought of sending somebody to get proper training. Why was not that done?

Then, with regard to the person who was selected for receiving this training, I would like the Hon. Minister to clarify the position. One of the two persons who had been selected and sent happens to be the Hon. Minister's own son. I would like to ask on what basis this selection was made. I would be told that there was a Board of Selection. I would ask the Hon. Minister who were the Members of the Board. One of the two Members of this Board of Selection is Dr. Manjunatha Rai, who is a relative of this gentleman. I would like to know whether any hon. Gentleman would like to serve on a Board which has to decide the selection of some of his own relatives. It is an elementary principle of morality in public life that when the question of selection of somebody with whom he has got blood relationship has to be decided, that gentleman should say that he would not serve on the Board. (Cheers.) The other Members of the Selection Board was Dr. Prasada Rao, the Dean of the General Hospital. I am not saying that the Hon. Minister interfered or did such and such a thing. I would like to make it clear and I have got no proof. But I would ask the Hon. Minister when such a Board of Selection was recommended to him, was it not his duty to intervene and say "Here is a question of Dr. Manjunatha Rai's own relatives to be decided. Therefore, I would not like him to serve on the Committee". Why was not such an attitude taken by the Government?

Then, I have got certain other facts and I want the Hon. Minister to be in a position to deny them. The Government constituted the Board of Selection on 8th September 1954. The

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selection was made on 29th September 1954. After selection, this gentleman had left the shores of India for undergoing further studies in England. I have got reliable information—which I can vouch for—that this gentleman had booked his passage long before 8th September 1954 when the Board of Selection was constituted. If the Hon. Minister is challenging these facts, I would like him to peruse the registers of the Air India International Corporation which will show that this gentleman has booked his passage to England for the purpose of undergoing training there long before 8th September 1954. How did this gentleman come to know beforehand that he was going to be selected? How was it that he had booked his passage long before? These are questions which the Hon. Minister has got to answer. If these things did not happen, then I would certainly be glad. I am speaking on the basis of facts the authenticity of which I have no reason to doubt and I have made intensive enquiries with regard to this. Certain doubts are cast in the manner in which the Board functioned. It is stated that a farce was enacted. It is said that the Selection Board itself was a farce. In such questions, not only justice should be done but justice should also appear to have been done. There is an old saying that it is not enough if justice is done but justice should also appear to be done. As the Hon. Minister's own son is involved in the matter, he must be absolutely above board. Therefore, I would like the Hon. Minister to clarify the position on all these points.

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Then, Sir, there is the gentleman, Dr. Prasada Rao of the General Hospital, who had been declared as medically unfit when he went before the Medical Board. That gentleman had got all manner of diseases about which I need not describe. He is suffering from diabetes; he is suffering from cataract. He could not sign his own signature without somebody's assistance. Such a gentleman is appointed and for six years, his services are being extended. The post of Dean of the Madras General Hospital is an executive job and the Hon. Minister will please remember that about six years back there was an enquiry into the affairs of the Madras General Hospital. At that time, it was found that over one lakh of rupees had disappeared and the Superintendent of the General Hospital was found responsible for it in the sense that he had failed to exercise the required amount of supervision. But, at that time it was pointed out that since the Superintendent of the Madras General Hospital had also got additional duties of attending to lectures in the Madras Medical College besides attending to the patients in the General Hospital, it was difficult for him to exercise the necessary supervision over the whole affairs. Therefore, it was found necessary to appoint the Dean, a whole-time officer, who has got only this responsibility of supervising the whole affairs in the General Hospital. When they decided to appoint a whole-time officer for this purpose, it was admitted by the Government themselves that this job was essentially an executive job and that it did not require teaching qualification or other qualifications. When

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that is the case, is it impossible for the Government to get from the large number of practitioners under their Services, people with requisite experience, qualifications and talents in order to supervise the affairs of the Madras Medical College or the Stanley Medical College? Certainly it could have been done. But, why is it that the services of this gentleman are being extended from year to year? This is something atrocious. There is no rationale behind this. In Britain and other places, certainly this is not being done. In Britain, the Dean happens to be a junior person. But the most wonderful thing which I came to know is, that Dr. Prasada Rao as well as the Director of Medical Services, both of them, have got certain beds reserved for them in the Madras General Hospital. The Director of Medical Services has got to supervise the functions of the Medical Department in all the districts and for that gentleman, certain beds are being reserved in the General Hospital. Why is it? Is it humanly possible to attend to this work by the Director? Unless some of these things are immediately looked into and these people are put in their proper places, they cannot attend to executive functions properly. Then, he should cease to be a Director of Medical Services. Unless this firm attitude is taken, the hospital functions will never improve. What is the supervision that they can exercise?

Another point is this. The Director of Medical Services has got some beds reserved in the Madras General Hospital. The overall supervision of the General Hospital is under the Dean of the hospital. Therefore, the Director, who is a superior officer, as far as the functions of the General Hospital are concerned, has got to work under a subordinate officer, the Dean. This is an anomalous position. Unless these things are remedied, people will think that a lot of favouritism is going on. These things have got to be attended to shortly.

Then, Sir, another thing I would like to bring to the notice of the Hon. Minister is about the Radium Institute. There is a general rule in hospitals that the doctor who administers radium to a patient, is held responsible for the radium needles. (Interruption.)

SRI P. RANGASAMY REDDIAR : May I know for what purpose those beds have been reserved for these officers in the General Hospital?

SRI P. RAMAMURTHI : I can't answer that question, Sir.

Now, Sir, the radium needles are a very costly affair. There is a general order of the Government which says that the doctors who are administering radium to the patients are to be held responsible for these needles. Sometime back, I think about six

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months ago, in the Women and Children Hospital at Egmore, some needles were lost and the Superintendent of that Hospital held that a particular doctor who administered that radium to be responsible for it. But unfortunately for that Superintendent and unfortunately for us and fortunately for some people, that doctor who administered that radium, happened to be the son-in-law of Dr. Roy. After a good deal of correspondence, a new order has been issued, just about a week back, which says that hereafter the person who administers the radium will not be held responsible for the needle but the hospital staff will be held responsible for that. I would like the Hon. Minister to say whether he is prepared to extend the same type of treatment to the workers in the General Hospital and all the other hospitals? If linen are lost, if bed clothes are lost, the entire workers are collectively held responsible. If somebody comes and steals away something, then all the ward boys, nurses, everyone of them is held responsible and the money is deducted from them in proportion to their wages. I wish to point out to the Minister the absolute immorality of such treatment. How can I be held responsible if somebody comes and takes away something and if it is lost? But, in spite of all the protests from the workers, the Government said 'No'. They cannot change the system. But, in respect of a case where some doctors are involved and particularly doctors who are closely related to people who are holding high positions in the Medical Services like Dr. Roy, the entire rules will be changed overnight. In the case of a doctor, because he happened to be a relation of somebody who is holding a high position, then immediately after four months all these rules will be changed. Why this discrimination? Is it favouritism or not? This is what I would request the Hon. Minister to look into and see that such things are put an end to.

There is another case, Sir, like the radium scandal. I would like the Hon. Minister to see that such things do not recur in future. I do not know whether the Public Accounts Committee have gone into the matter. I am not a Member of the Public Accounts Committee. Whether that Committee goes into that matter or not, it is the primary responsibility of the Government to look into this matter. About 700 mgms. of radium was purchased by the Government. What was the Company on which the order was placed? The order was placed on one company called Canadian Uranium Company of Canada. Was any investigation made with regard to the status of this Company, whether it has got financial resources or not? Nothing was made. Finally, on whose recommendations was this order placed in 1947 and what was the result? The result happened to be that these 700 odd mgms. of radium came without a certificate of shipping. (The Best & Company are the shippers) and Government also took delivery of them. Out of the same consignment of 750 mgms. of radium, 200 and odd mgms. went to the private account of Dr. Roy. I make bold to say that from out of the same consignment, 200 and odd mgms. of radium went to that person. Was the 200

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mgms. of radium obtained to the account of Dr. Roy paid for by him or not? I would like the Government to investigate into the whole question.

Afterwards, Sir, it was found that the radium that was obtained and which came to the Government account, was useless. Afterwards the Chief Physician of the Madras General Hospital who went and took delivery of the radium on Government account was held responsible for not properly seeing the consignment and an enquiry was held for 40 days. I believe the late Dr. Rajan also conducted some enquiries. But, today we are told that those papers are not available. We would like to know how those papers would disappear. I would also like to ask the Government why was it that after forty days of enquiry this Physician was suddenly transferred from Madras to Madurai. Is it because he turned out to be against Dr. Roy? I make bold to say, Sir, that it was only for that reason that he was transferred. Therefore, why are such things happening? In the entire medical profession, there is a feeling of frustration that they cannot get things done unless they have got some officer occupying high position to help them.

Now a lot of condemnation of articles is taking place. I would like to ask, how is it that these articles were condemned and how these condemned articles are disappearing only to be purchased and used by some Institute of Radiology somewhere in Mangalore or somewhere in Madras? How is it that these articles which have been condemned by the Madras Government are being used by others. Therefore, I would like to ask the Madras Government, whether they are prepared to constitute an Independent Committee to go into the case of such condemnation of materials which are of great value. There are enough Radiologists in Madras, for example, Dr. Rama Rao. He is an independent person who is certainly known to be an experienced Radiologist. I do not know what the relation between the Government of Madras and that gentleman is. It may be that they are not in good terms and I am not bothered about it. There are very many Radiologists who are experts in that field. There are also very many independent practitioners and will the Government constitute a committee consisting of such independent persons, persons who are not directly working under the Director of that particular institution. Otherwise, the Government can never be able to infuse confidence in the minds of the public that things are done properly. The talk of the town is that these condemned articles are finding their way into the private institutions. Therefore, with a view to put an end to these talks, I would ask the Hon. Minister for Health to come forward to constitute a committee of enquiry to go into the whole matter. I am making this statement not without any sense of responsibility but with full sense of responsibility and I am prepared to stand by it. I would ask the Hon. Minister to get the concerned register from Messrs. Best &

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Co., and verify it. Some of my questions may not be answered immediately and he can throw light on them later on. He can throw light on other questions now. Finally, I would once again ask him whether he will give an assurance that the Government are prepared to institute an enquiry by independent persons to go into the whole question and find out whether there was any nepotism or corruption or favouritism. I expect an answer from him. (Cheers from the Opposition Benches).

* THE HON. SRI A. B. SHETTY: Mr. Speaker, Sir, 20 hon. Members have taken part in this debate. My hon. Friend, Dr. K. B. Menon, the leader of the Praja-Socialist Group, who moved the Cut Motion made a well reasoned speech giving various helpful suggestions. I will refer first to the criticisms and suggestions made by Dr. Menon which will incidentally cover many of the points raised by the various hon. Members of this House and then I shall deal with the points raised by the hon. Leader of the Opposition.

Dr. Menon has stated that there is no lack of doctors in our State but they are unwilling to go to villages. The reasons why they are unwilling to go to villages are well known. Students who undergo medical education have to undergo very heavy expenditure, at least Rs. 10,000. It is difficult for them to practise scientific medicine in villages; regarding rural areas there is lack of communications, lack of amenities and lack of facilities for the education of children and that is the reason why doctors are unwilling to go to the villages. In other countries too, deficiency in medical personnel and in hospital facilities falls most heavily on the rural population. It is not only in India. But in India, on account of the condition in which our villages are to-day, our medical men, it is true, are more unwilling to go to the villages.

The hon. Gentleman has also stated that the villages are neglected and there are only a few hospitals. I may tell him that there are 400 subsidized and non-subsidized rural dispensaries. It is true that some of them are not working well for want of properly qualified practitioners in charge of them. We have asked the District Health Officers who are touring officers to inspect the dispensaries of indigenous medicine since it is easier for them as touring men to pay surprise visits and inspect them more often. Ninety of the rural dispensaries are proposed to be provincialized during the Second Plan Period and 18 of these will be provincialized during the next year. The provincialization of dispensaries means that Assistant Surgeons with proper scales of pay will be in charge of them. It will certainly improve our rural dispensaries.

We are having 17 Primary Health Centres under the Post-war Reconstruction Schemes. Some of them are now in North Arcot, some in Malabar and some in Coimbatore. There is a proposal to start 140 more Primary Health Centres in N.E.S. blocks during the

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Second Plan period and 28 of these will be started during the next year. These Primary Health Centres will be located in the rural areas and they will do both medical and health work.

Another thing that is proposed to be done for medical relief work in rural areas is the starting of 600 Maternity and Child Welfare Centres. These will be in rural areas and 120 of these Centres will be started during the next year. The UNICEF has made proposals for helping Maternity and Child Welfare work and it is likely that these proposals will be finalized and we may get help to the extent of Rs. 9 lakhs from the UNICEF. It has been proposed by the Health Advisory Board that the Health Inspectors should be given a short course of training in treating minor ailments by putting them in hospitals for a short time and this scheme will be taken up shortly.

Then, my hon. friend stated that the District Headquarters hospitals should be upgraded and increased allotment should be given to the Local Fund hospitals and they should be taken over by Government. Sir, in the Second Five-Year Plan Rs. 112.81 lakhs have been provided for improvement of District Headquarters hospitals. We are proposing to start Dental Clinics, Venereal Diseases Clinics, and Tuberculosis Clinics in all the District Headquarters hospitals where they do not exist at present. We are giving short courses of training in surgery, anaesthesia, radiology and pathology to four batches of four medical officers at a time, i.e., 16 people and these men who receive special training at the Madras teaching hospitals are being posted to District Headquarters hospitals so that we may have more efficient men for service there. We have provided X-ray sets for all the District Headquarters hospitals for diagnostic purposes. It is also proposed to improve the laboratories at the District Headquarters hospitals so that better diagnostic work may be done. The hon. member also mentioned about the Taluk Headquarters hospitals. Sir, under the Second Five-Year Plan a sum of Rs. 123.21 lakhs have been provided for improvement of the Taluk Headquarters hospitals. As I said during question time 75 of these hospitals have already been provincialized, six are to be provincialized during the next year and 21 hospitals still remain to be provincialized which will be done during the next plan period. It is also proposed that the bed strength of these Taluk Headquarters hospitals should be not less than 50 in any case. It is already more than 50 in some hospitals.

11.30
a.m.

The hon. gentleman Dr. Menon referring to city hospitals said that they are overcrowded. It is true, not only all the city hospitals but almost all hospitals in the State are overcrowded. I take it as an indication of the popularity of the hospitals and the good work that is done there. The Second Five-Year Plan provides for special schemes of improvement to major hospitals. In the city for instance, the General Hospital will get a provision of Rs. 89 lakhs, and

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the Stanley Hospital Rs. 41.04 lakhs. It is also proposed to increase the bed-strength of hospitals by about 43 per cent during the next five-year plan period.

My hon. friend also referred to the out-patient department in the General Hospital. He said that the crowd that comes to the out-patient department is unmanageable. It is true, but it cannot be helped. He spoke about the advisability of having guides. This is one of the suggestions made by the Estimates Committee of which my hon. friend Dr. Krishna Rao is the Chairman. During the last few days the Dean has been obtaining the assistance of St. John Ambulance guides, two or three of them remain there from 7 to 9 a.m. and help the out-patients and guide them as to where they should go and what they should do. It was also said that penicillin and streptomycin and such other important drugs are not given to the patients. Streptomycin injections are given to all tuberculosis cases and the necessary drugs are given to all in-patients and wherever necessary also to out-patients. He suggested that a chronic diseases hospital should be set up. There was a proposal to have a chronic diseases hospital in Madras City to accommodate 500 patients. Though this was part of the Part II Schemes, it had to be deferred on account of financial considerations.

My friend referred to bugs in the hospitals and wanted me to find out another 'Pied Piper of Hamelin town' to pipe out all the bugs from the hospitals. Whenever I visit hospitals, I do make enquiry about bugs and the authorities have been assuring me that they are taking all care. Cots are sterilized by flaming and D.D.T. of different strengths is being used. The patients are changing and new patients come with new clothes and they bring bugs. It is a very difficult business to eliminate bugs altogether and I shall again draw the attention of Superintendents of the hospitals to this matter and they will do their best.

I may say, Sir, that whatever the criticisms may be, our hospitals are cleaner and better than many other headquarters hospitals in other States. People who have gone round and visited them say that our hospitals are any day better. The standard of work in our hospitals is better. The professors, specialists, surgeons and physicians are all efficient men. Their efficiency is well-recognized by many people. The Madras doctors and the teaching staff have a high reputation in the country.

The recommendations made by the Estimates Committee in regard to the hospitals are being considered by the Director of Medical Services and whatever is necessary and feasible will be implemented.

My friend referred to the need for tipping the ward-boys for any work to be done by them in the hospital. Well, here our friends

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who are advocating the cause of ward-boys, I hope, will see that the ward-boys behave properly and not merely fight for their rights and privileges.

In regard to the mufassal, my hon. friend has spoken about the epidemics and he said that the health staff should be more vigilant and active in the work of controlling epidemics. Epidemic control is the chief work of the health staff and they are doing fairly good work in this direction, though the staff is small and the country is of vast extent and the means at our disposal are limited. Small-pox and cholera deaths are fewer in number this year, if we compare the records of the previous years. Plague has almost disappeared. The use of D.D.T. has been remarkably effective in destroying rat, fleas, which are the media for conveying the plague infection. Whenever epidemics appear, Special Health Inspectors and other staff are posted to these areas. Motor vehicles, jeeps, and mobile medical vans are being used for the transport of staff and medicines to these epidemic areas. Hon. Gentlemen may know that during the recent flood and cyclone disaster in the southern districts, extra precautions were taken by the health staff and there was no outbreak of any epidemic. Generally fairs and festivals are the occasions when epidemics occur. There was the great festival of Mahamakhm at Kumbakonam which attracted lakhs and lakhs of people. On account of the good care taken by the health staff, no epidemics broke out as a result of this big festival. 11-4 a.m.

With regard to drinking water facilities in villages, I need hardly tell the hon. Members how the Madras State has been providing very large sums for rural water-supply during the last one or two years. There is a proposal to have a national water-supply and sanitation scheme implemented in this State with the help of the Central Government at a cost of Rs. 144 lakhs. The benefit of this scheme will be extended to villages with a population of more than 5,000 which are worst affected by cholera in six of the districts of this State. For rural water-supply, a provision of Rs. 250 lakhs has been made and the targets proposed are 10,000 wells and 400 composite schemes during the plan period.

My hon. Friends Sri Vinayakam and Sri M. R. Ramachandran referred to the need for improving the District Headquarters Hospital at Chingleput. The Government have decided that this hospital may be rebuilt on another site which will be secured for this purpose. The Chairman of the Chingleput Municipal Council and two others have promised a donation of Rs. 1 lakh and the District Co-operative Wholesale Stores will give out of its reserve fund a sum of Rs. 3½ lakhs for the reconstruction of this hospital in another site.

A demand was made for the expansion of the District Headquarters Hospital at Cuddalore. We have already called for plans

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and estimates and the Director of Medical Services has taken up this question. It is proposed to construct a ward of 100 beds to provide additional accommodation in this hospital.

The hon. Leader of the Opposition spoke about hospital workers and some other Members also referred to this matter. The hon. Leader of the Opposition came and saw me a few days ago about this matter. The suspension orders in respect of twelve syces of the King Institute have been cancelled. The grievance which the hospital workers were having in regard to the delay in giving them uniforms is being redressed by arrangements being made for regular supply of uniforms. They have raised the question of confirmation of employees. Posts are sanctioned on a temporary basis for a year at a time and they are made permanent at the end of five continuous years of service. This is the general procedure in all departments and no exception can be made in the case of hospital workers.

The hon. Leader of the Opposition spoke about the need for reviving the grade pay for hospital workers. There are nearly fifty categories of hospital workers on pay scales ranging from 15 to 20 and 25 to 35. They get a dearness allowance of Rs. 18 or 19 and a house rent allowance of Rs. 7 in the City and Rs. 5 in the mufassal town. He did not attach much importance to the increase of increment from eight annas to one rupee which came into effect from 1st April 1954.

The other grievances of the hospital workers will be considered in due course. There are demands of a similar nature from workers in several departments. It is a big question involving finance and the matter will have to be considered as a whole. We cannot take up one single department and deal with it separately.

SRI P. RAMAMURTHI: What about the King Institute workers and continuous hours of work?

*** THE HON. SRI A. B. SHETTY:** Hospital workers do not have to do continuous work. We cannot apply to them the same hours of work as are applicable to shops and establishments. To give them one day's leave in a week is a legitimate demand. But it will mean an additional staff of about one-seventh in each category. It is again a matter involving finance. These matters will be taken up, their financial implications considered and they will be given due consideration.

About the King Institute workers, I have said that the suspension orders have been cancelled.

The hon. Leader of the Opposition referred to several other matters. I wish he had spoken yesterday so that I could have come with full information to reply to many of the doubts and points he raised. I am sorry he has thought it fit to make such

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personal allegations on the floor of this House on the strength of information he has obtained from certain people. I know a Member of the Legislative Council is bearing a grudge against me personally and also against the Dean of the General Hospital because he has not been reappointed as Honorary Physician though he had had a term of ten years. Some of the allegations which my hon. Friend made to-day were made by him in the other House when I was not there and my Hon. Colleague the Minister for Agriculture, the Leader of that House, has replied to some of those points.

SRI P. RAMAMURTHI : I am not concerned with what happened in the other House.

* THE HON. SRI A. B. SHETTY : The same things you are repeating here.

Sri P. Ramamurthi rose.

MR. SPEAKER : The Hon. Minister is not yielding.

SRI P. RAMAMURTHI : On a point of order, Sir. Is the Minister entitled to ask us to take note of what happened in the other House? We are not at all looking into what happened in the other House. That is a definite point of procedure. We are precluded even from referring to what happened there.

MR. SPEAKER : I thought he said that the Leader of the Opposition had just repeated what was said in the Council.

SRI P. RAMAMURTHI : If he had said that much, I would have been satisfied. But he said that the Leader of the other House had answered this question in that House and therefore he wanted to keep quiet. I am not concerned with the answer given by the Leader of the House in the other House.

* THE HON. SRI A. B. SHETTY : Then the hon. Member 11-50
referred to the question of the appointment of Deans. The Medical a.m.
Education Sub-Committee which met in 1947 recommended the appointment of Deans. At that time it was found that the senior professors of the colleges were unwilling to take up these jobs. So retired men who had rendered distinguished services in our colleges as professors of medicine were appointed as Deans on the recommendation of the then Director of Medical Services, and which was approved by the then Chief Minister. The same thing is done every time. My hon. Friend made some personal observations regarding the present Dean of the Madras Medical College. He said that he was suffering from several diseases. This is in very bad taste. I did not expect such remarks from the Leader of the Opposition who holds a very responsible position. I do not know what diseases he is suffering from.

SRI P. RAMAMURTHI : Sir, I rise on a point of order. I am sorry that the Hon. Minister is getting excited. If I had made

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any references to the diseases, they applied to the Dean who was appointed. If I am suffering from any disease, I may say that I am not applying for the post of the Dean.

* THE HON. SRI A. B. SHETTY : It is in bad taste to say that a person is suffering from diabetes. Ever so many people are suffering from diabetes.

MR. SPEAKER : The Hon. Minister says that when we are discussing matters of public importance, references to the illness or other disease that individuals may be suffering from are not to be made on the floor of the House except in cases where they are of public importance.

SRI P. RANGASWAMI REDDIAR : Sir, are we not entitled to point out that Government should not appoint superannuated persons and medically unfit persons to responsible positions?

MR. SPEAKER : The Hon. Minister's reply to it is, ' It is in bad taste '.

* THE HON. SRI A. B. SHETTY : We have got other superannuated persons in medical service of this State. This must be well known to the Leader of the Opposition who is so well informed. The services of professors who have retired from Madras State are requisitioned in other States, and many of them are honourably employed there. In the Health Ministry of the Government of India several superannuated men have been appointed, reappointed, and re-employed. Therefore this is not something new which the Madras Government have done. So far as the Dean of the Madras Medical College and General Hospital is concerned, I may tell him that his work has been very much appreciated. (Sri P. Ramamurthi : By the Hon. Minister.) The University Inspecting Commission, which only recently visited the Madras Medical College and the General Hospital, has paid him high compliments. He is the Chairman of the Board of Studies. He is the Chairman of the Faculty of Medicine. A person who has served us well, who has done distinguished work, and who is doing his work so satisfactorily, should not be spoken of in that manner. I do not mind a backbencher saying all this, but I expected the Hon. the Leader of the Opposition to use more dignified language and to make more responsible criticisms. I am sorry he has descended to a low level to-day. He referred to the professor of radiology. It is not a sin for a man in medical service to be related to a Minister. Men sitting on the treasury benches may have so many relations holding posts in different services. The University Diploma course in radiology was started in July 1954. The University prescribed for the post of professor of radiology post-graduate qualification in medicine or surgery in addition to the specialized qualification required for the post. The Government asked the University not to insist on the possession of the prescribed University qualification at least

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in the case of the two persons who were in service. But the University did not agree. Therefore the Public Service Commission was asked in June 1955 to advertise the vacancy and select an officer with the prescribed qualifications. Only one application was received in response to the advertisement. This candidate did not possess the requisite teaching experience. He was also below the age limit prescribed for this post. Therefore the retiring Director had to be appointed as Honorary professor. I may tell my friend that I had no hand in this matter at all.

SRI P. RAMAMURTHI: I am sorry that the Hon. Minister has thoroughly misunderstood my question. The only question is, how was it that the Madras Government, knowing full well that the Dean's term would expire by a particular date, did not take sufficient steps sufficiently early to send some people from here to England or to any other country for getting themselves trained in this important subject so that the moment the Dean retired, some other person would be available to fill in that post. I never said that the Dean's services were extended.

* THE HON. SRI A. B. SHETTY: The University diploma was started in 1951, and correspondence was carried on with the University till 1955. When the University did not agree, an advertisement was made and no proper candidate was available. Somebody is being sent abroad now, because no men are available at present. There are few men properly qualified in radiology. There is not a single man in India with the qualification which this person has. My hon. Friend referred to the question of radium needles. He is trying to resurrect a scandal dead and buried long ago. Dr. Rajan, when he was Health Minister, went into the question thoroughly, and he issued a press communique on this matter. I shall be glad to show this communique to my hon. Friend.

I am not in a position to say anything about the statement he made about the loss of radium needles in the Women and Children's hospital. That is why I said that I wished he had made his speech yesterday. If he had made his speech yesterday, I could have come with the required information.

Then, Sir, he referred to the transfer of the Physicist to Madurai. This Physicist is at the bottom of the radium scandal. Enquiries were held. He was found guilty of the charges and some steps were proposed to be taken. A lenient view was taken in this case since it is connected with a relation of mine, namely, the Director of the Barnard Institute against whom he carried on this scandal. He was transferred to Madurai because he did not have the qualification prescribed for teaching University D.M.R. Diploma students. A person who has this qualification is here. Though he is the Second Physicist, he is considered according to the University's requirements to be well qualified to hold the teaching post.

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Then he referred to some matters regarding the Condemnation Board and the articles sold. Articles are sold in public auction. (Sri P. Ramamurthi: You know how the auctions were held.) Everybody knows everything.

12 noon. It was open to radiologists to bid and buy things not wanted by the Government. When the price of a condemned article is above a certain limit the Director of Medical Services has to go into the matter and it is not merely the Condemnation Board.

My hon. Friend referred to the opening of two wards in the General Hospital. In one of these, the Director of Medical Services occasionally does some surgery work, and in the other one, the Dean sees patients for giving advice whenever necessary. They are not in charge of beds in the sense that they make admissions or treat patients. The Director of Medical Services wants to keep himself in touch with surgery work and as he is to go away next he does not want to be out of touch with surgery work. This matter was referred to Sri Rajaji when he was the Chief Minister of this State and he approved of it. I am not in any way responsible for it. (Interruption: The Governor also approved of it.)

SRI P. RAMAMURTHI: What has the Governor to do with that?

* THE HON. SRI A. B. SHETTY: He is interested, you are interested and I am interested in serving the people. That is not the kind of criticism to be levelled.

SRI P. RAMAMURTHI: I would like to point out to the Hon. Minister that I am not making any personal charges against the Hon. Minister. I do not know whether Sri Rajaji did that or any other Hon. Minister did it. I am not interested in personalities. I was only stating a certain thing that had been done.

MR. SPEAKER: What the Hon. Minister said was that the charge against the Government related to a matter which was dead and buried and that it was an old matter.

SRI P. RANGASWAMI REDDIYAR: On a point of order, Sir. Very often, during the speech, the Hon. Speaker wants to clarify certain things. The best clarification can be done by the Hon. Minister himself. It appears that an enquiry into the radium scandale was made and a report was made. May I know whether copies of that report will be supplied to all Members of the House?

* THE HON. SRI A. B. SHETTY: Yes, an enquiry had been made into the matter. A Press Communique was also issued on that.

SRI P. RAMAMURTHI: It has not been published.

* THE HON. SRI A. B. SHETTY: This question was discussed when the ex-Chief Minister Sri Prakasam brought charges against

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several of the Ministers. These things have been thoroughly discussed on that occasion and the hon. Member may read the speeches made on that occasion from the printed proceedings of the House.

SRI P. RAMAMURTHI : I have read the same.

* THE HON. SRI A. B. SHETTY : You have read it to little purpose. My hon. Friend referred to the selection of two candidates for the D.M.R. course, London. Applications were called for from radiologists, from permanent medical officers in the service. The Director of Medical Services recommended two of the seniormost in service barring one who did not want to undergo the specialised course in radio-therapy. Two officers are required, one for Madurai and another for Mangalore, where cancer units are to be started. Therefore there was necessity for two persons to be trained in radio-therapy. One officer who was once selected for undergoing studies in radiology in London refused to go on the ground that he would be paid only half his salary during the study period. The people who go on study leave only get half their pay as salary during that period. They have to bear also the cost of the journey to and fro and all additional expenses. Only two people have so far been trained in this State in radio-therapy, and one of them has gone to the Andhra State. So, we have only one officer available in our State who is qualified in radio-therapy. Therefore, there was necessity to send two men to London to undergo the D.M.R. course. Similarly, in diagnostic radiology also, out of the three men who were trained, one had gone to Andhra State and we have got only two persons here. With regard to the selection of these candidates for sending them to undergo the D.M.R. course, London, I have said nothing either in the file or personally to anybody. The Committee which was to make the selection consisted of the Director of Medical Services, the Additional Secretary for Health, the Minister for Public Health and the Chief Minister. The Chief Minister made the selection himself. Nobody else took part in this selection. The Director of Medical Services was asked to come. He came to the Secretariat but the Chief Minister had other business to attend to and he was not available. It was also mentioned that one of the candidates had booked his passage earlier. It is a fact because he was prepared to go at his own expense. There are many candidates who go to England for foreign studies at their own expense. He did not bank upon his selection. He was prepared to go at his own expense if his application was not successful. The Government only pay half the salary during the study period.

SRI P. RAMAMURTHI : Will the Hon. Minister tell us whether that particular gentleman before booking his passage for going to England on a particular date had obtained study leave from the Madras Government and whether the leave had been sanctioned before he applied for passage?

* THE HON. SRI A. B. SHETTY : He had applied for study leave. If he did not get selected, it was open to him to cancel it.

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Then, Sir, my hon. Friend as well as other Members of the House referred to the College of Indigenous Medicine. According to the system now prevailing, one-third of the duration of the course is utilized for teaching Indian system of medicine and two-thirds of the time is utilized for teaching modern medicine. The Usman Committee of the Madras State, the Chopra Committee of the Government of India and the Pandit Committee of the Government of India have recommended that sufficient instructions should be given in modern medicine. The Central Council of Health has approved such an integrated system of teaching. What we are doing is not anything new. What we have done are in accordance with the recommendations of these committees who have gone into the question. I thought that my hon. Friend was an authority on labour matters, but I did not know he could speak with equal knowledge and authority on Indian medicine and modern medicine. Modern medicine has made wonderful advances particularly during the last 50 years in diagnosis, treatment by medicine and surgery, anaesthesia, X-ray, discovery of antibiotic drugs, sulpha drugs, vitamins and several other wonderful drugs. What has been discovered in our Indian medicine during these centuries? What are we to teach to our students in our College of Indigenous Medicine? There are no modernised text books except those old books by Charaka, Sushruta and Vagbhata.

SRI T. C. NARAYANAN NAMBIAR : On a point of order, Sir . . .

* THE HON. SRI A. B. SHETTY : There is no point of order in what the hon. Member is going to say . . .

SRI T. C. NARAYANAN NAMBIAR : On a point of order, Sir. The Hon. Minister was saying that there was no advancement or development in the indigenous system of medicine. May I know from the Hon. Minister whether as far as the Government are concerned, they have given any encouragement to this system?

MR. SPEAKER : The point of order must relate to procedure. But on the pretext of raising a point of order, it is not proper to make comments on a matter under discussion.

SRI P. K. GOPALAKRISHNAN : When hon. Member Sri T. C. Narayanan Nambiar was raising something on a point of order, the Hon. Minister even before the hon. Member raised his point of order, said that that was not a point of order. May I know whether it is proper on the part of the Hon. Minister to give a ruling like that?

12.10 p.m. MR. SPEAKER : The Hon. Minister has apparently intelligently anticipated what Sri T. C. Narayanan Nambiar was going to say and it has come out to be true. There is no point of order at all.

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SRI T. C. NARAYANAN NAMBIAR : Sir, can any Member of this House anticipate what another Member is going to say and say something?

MR. SPEAKER : Normally he cannot, but he has done so and that has come out to be true. (Laughter.)

* THE HON. SRI A. B. SHETTY : If the hon. the Leader of the Opposition had read my statement yesterday when I dealt with the subject of Indigenous medicine, the present policy followed by the Government and the justification for it, I do not think he would have made these remarks. (Sri P. Ramamurthi : It was not clear.) It may not be clear. One who is convinced against his ' will ' will be of his own opinion still.

SRI V. BALAKRISHNAN : Sir, if the Hon. Minister will not mind my interference, may I know what prevents him from recognising the degree issued by the College of Indigenous Medicine on a par with the degree issued by the Madras Medical College in respect of the M.B.B.S. course since there is absolute oneness in all matters between the two institutions.

MR. SPEAKER : It is not a Degree. A Degree is usually conferred by the University and not by the Government.

* THE HON. SRI A. B. SHETTY : Sir, I know that there is a good deal of national sentiment behind Ayurveda and the Central Government have recognised this and made ample provision in the Second Five-Year Plan for improving 13 of the Ayurveda colleges and 255 dispensaries and there is a proposal to start five new colleges and 1,100 dispensaries. My hon. Friend from Tellicherry who wants an Ayurvedic college for Malabar may well expect to get one because Malabar is well known for what it is in Ayurveda. Provision has also been made for research and higher education in the Indian system. The Government of India are following a policy of giving encouragement to Ayurveda because there are certain good medicines which are cheap and within the means of the people, though their real value has to be assessed by investigation.

My hon. Friend spoke about the need for research in Ayurveda. Research is not an easy thing. For research to be properly done it requires a team of workers, botanists, chemists, pharmacologists, clinicians, etc. We require proper laboratory facilities. It requires hospitals where controlled experiments can be done and therapeutic trials can be had. Such kind of research is not possible for us. It involves a lot of expenditure and it requires specialists. The Government of India are having such a research station at Jamnagar at great expense employing the proper kind of people. People who have gone into this question think that it will be more economical to have Ayurveda or any other indigenous system as a post-graduate study for people who want it and that it can be taught in the existing Medical colleges rather than by starting separate colleges

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for the purpose. Whatever it is, Sir, the Government of Madras are running the Government College of Indigenous Medicine and I can proudly claim that this college is recognised as one of the three best colleges in India. I would request my hon. Friend to visit the college and the hospital and see what new buildings have been put up there and how the staff have been upgraded. The students are so much pleased with the things that have been done here that some of them have voluntarily asked to allow them to remain for six months more.

SRI V. R. KRISHNA AYYAR : Sir, on a point of order. May I know whether in view of the metamorphosis, that is, overtaking that institution, the Hon. Minister is giving them virtually the same status as the M.B.B.S. Course? Indigenous medicine has been the first casualty.

* THE HON. SRI A. B. SHETTY : There is no casualty. Just as we have upgraded the modern medicine side of teaching, we want to upgrade the teaching on the indigenous side also. But unfortunately we have no text-books. The Ayurvedic people are holding conferences and are blaming the Government for not doing this and that, but they have not done even one constructive action. Who has prepared modernised text-books on the subject? Where are the trained teachers? That is the difficulty.

My hon. Friend from Malabar spoke about Indian surgery and Indian midwifery. I wonder what kind of indigenous surgery and midwifery we can have to-day. On the other hand, modern midwifery and surgery have gone ahead so much in so many directions. The boys were disgusted with the teaching of Indian surgery and Indian midwifery and when this was eliminated from the curriculum in consultation with the then Honorary Director of Indigenous Medicine (Dr. Guruswami Mudaliar), a very eminent practitioner and one who is full of sympathy for the Ayurveda system, the students celebrated it as an independence day. They were so glad about it. Anybody who wants to be a competent practitioner should have a basic qualification in modern scientific medicine. That is well recognised. The Bhore Committee has said that. The medical associations are saying that. The Central Council of Health has said that modern scientific medicine should be taught properly to all students and to all people who want to practise the indigenous system. I wonder what my hon. Friend, the Leader of the Opposition, wants. He asked "Why are you teaching modern medicine?"

SRI P. RAMAMURTHI : I am sorry, Sir, that the Hon. Minister is trying to twist my argument. All I said was that "If you want to teach modern medicine, teach it. Say that it is modern medicine. If you teach modern medicine, don't call them as practitioners of indigenous medicine." That is an anomaly. What I say is, do not teach modern medicine in the College of Indigenous Medicine.

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* THE HON. SRI A. B. SHETTY : They practise both modern medicine and indigenous medicines. Even people who are unqualified are to-day freely using anti-biotics. We see Homœopaths who also carry injection needles in their bags. They freely use these modern drugs. These powerful drugs are dangerous if given by people who have not got sufficient knowledge of modern medicine. (Sri P. Ramamurthi. Then call them practitioners of modern medicine.)

Then, it was suggested by my hon. Friend from Pudukkottai that the name of college may be changed. I would welcome it. I would call it the College of Integrated Medicine rather than Indigenous Medicine, if only my Hon. Colleagues will agree. (The Hon. Sri C. Subramaniam : That is what the hon. the Leader of the Opposition wants.) The students who come to this college are Intermediates in Science. They are very eager and enthusiastic to learn as much of modern medicine as possible. Now they are given practical training. Clinical training is given to them at the Royapetta Hospital. Every year, during the vacation time, they are to go and work in the District Headquarters Hospitals. After the 4½ years' course, one year's service as House Surgeon is made compulsory. (Sri P. Ramamurthi : That is also mostly modern.) They welcome it. Everybody wants to practise modern medicine. What can we do?

Then, some hon. Members spoke about the starting of medical colleges at Kozhikode, Salem and Coimbatore. This Government did propose to have one or two new medical colleges as part of the Second Five-Year Plan, but the Planning Commission have not agreed to this.

I may tell my friend, Sir, that the Committee that went into the question of starting a college at Karaikudi estimated that the buildings for the college and hospital, the quarters for nurses and staff, would require a capital expenditure of Rs. 1 crore and the recurring expenditure for a hospital of 450 beds would be Rs. 9 lakhs and for the college Rs. 7 lakhs. So, this means an enormous expenditure and we cannot easily launch upon such schemes. For the Madurai new hospital and College (Madurai hospital is the biggest hospital next to Madras), we shall have to incur an expenditure of Rs. 125 lakhs for extending and improving this hospital and for the college buildings and equipment. Apart from the necessity of giving large funds, there is the difficulty of getting the required staff. My friend was speaking against employment of retired men. Sir, retired men are being employed in Trivandrum and other places and even employing retired people, it is difficult to get staff with the requisite qualifications and teaching experience, particularly for teaching non-clinical subjects. 12-20 p.m.

My hon. and Gallant Friend, Sri Balakrishnan (I am sorry he is not here) spoke about nurses.

SRI V. BALAKRISHNAN : I am here just in front of you.

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* THE HON. SRI A. B. SHETTY : I know, Sir, he has got a soft corner for women nurses, as all of us have. (Laughter.) It is true that by nature as well as nurture, both by temperament and by training, women nurses have the best aptitude for nursing duties and we treat them very well. We give them good scales of pay compared to other Provinces except Bombay and Bengal. In addition to their pay, they get ration allowances. The staff nurses get a ration allowance of Rs. 30. Further, a dhobi allowance of Rs. 3 and a dearness allowance of Rs. 18 per month are also given. They also get a uniform allowance of Rs. 75 per annum. In addition, free accommodation, library, reading room

SRI V. BALAKRISHNAN : They are paying Re. 1 for reading room and library.

* THE HON. SRI A. B. SHETTY : I said only 'free accommodation'. The hon. Member should exercise a little patience.

The nurses work by shifts. Those who work in day time, get 'off' in the night. I do recognize that the hours of work are rather long and the work is arduous. But the solution is to employ more nurses. It is a question of finance. They are given fifteen days casual leave in a year. They are entitled to leave of one-seventh time they work.

My friend is not in favour of having men nurses. I can well understand the reason for it. Men nurses are required for work in particular departments, e.g., the Mental Hospital and the Police Hospital. Sometimes, in the surgical theatres also men nurses are found to do better work. They have to be employed in Venereal Department section. But, Sir, we have reduced the proportion of men to women nurses from 1:3 to 1:6. We have under consideration a new scheme for married nurses. Married nurses are a problem. They cannot do work during the advanced stages of pregnancy; they cannot do work after they get children. So, there is a proposal to have a scheme of part-time work for married nurses.

There are several other matters which hon. Members have referred to. I cannot go into all those details. But, I may tell them that due note will be taken of their suggestions and criticisms. I may say generally that the hon. Members have been asking for more hospitals and more doctors. But, they have not taken the right view in this matter. It should be remembered that there is shortage of personnel, both medical and non-medical. Hospital facilities are inadequate. But, production of personnel must be in proportion to our planning requirements and we must have the finance to employ them. There is no use producing people for whom we cannot give jobs. The appalling health problems, particularly in villages, cannot be solved merely by curative medicine. It is not merely a question of more hospitals, doctors and bottles of medicine. The main factors in determining people's health are suitable housing, proper nutrition, efficient sanitation, proper general and health education and enough water-supply of wholesome

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quality. As I said yesterday, poverty is the major factor in disease. Diseases are common and death rates are more frequent among the poorer classes even in prosperous cities and towns. Our object must be to aim at controlling the diseases at their source and not merely patching-up diseases either by medicine or surgery. That is what is called 'medicated survival'. That should not be our goal. We must improve living conditions and raise the standard of public health. Medicine is a commodity of secondary importance. Food, clothing, housing—these are all matters of primary necessity. It was supposed in the past that the doctor's primary duty was to heal the sick. But the key-note of medicine in the future will be prevention of disease and promotion of health. Therefore, we have to concentrate our resources on preventive work and we must pay more attention to villages. The work of health planning cannot be taken up separately. It is part and parcel of total national planning. We must raise the living standards. The extension of agriculture, the development of industries, the improvement of animal husbandry work, the development of fisheries—all these have a great bearing on improvement of public health. Large-scale efforts are needed for the purpose of raising living standards and they can go only at a slow pace on account of our limited resources. I hope, Sir, the hon. Members will take the right stand in this matter and view matters from the proper point of view. With these words, I request the Leader of the Praja Socialist Party to kindly withdraw his cut motion.

*SRI K. T. RAJU : மிஸ்டர் ஸ்பீக்கர், ஸார், கனம் மந்திரி அவர்கள் தொழிலாளர்களைப்பற்றி பேசும்போது, சென்னை ஆஸ்பத்திரி தொழிலாளர்கள் ஏற்கெனவே 27-ம் தேதி வேலை நிறுத்தம் செய்யப்போவதாக இருக்கிறார்கள், அதைப்பற்றி ஒன்றுமே குறிப்பிடவில்லை. அவ்விதம் அந்தத் தொழிலாளர்கள் வேலை நிறுத்தம் செய்யாமல் இருக்கவேண்டும் என்பதுதான் எங்களுடைய விருப்பம். ஆகையினால் அந்தத் தொழிலாளர்கள் சம்பந்தப்பட்ட சூழலில் ஒரு வரக்கூறுதி கொடுக்கவேண்டும். அதை கவனித்து நடவடிக்கை எடுக்க உத்தேசம் உண்டா என்பதைப் பற்றி கனம் மந்திரி அவர்கள் பதிலளிக்கவேண்டும் என்று கேட்டுக் கொள்ளுகிறேன். 12-29 p.m.

* THE HON. SRI A. B. SHETTY : I hope, Sir, hon. Friends who are interested in labour will not advise the hospital workers to go on strike. It will be doing a great harm to poor, sick and suffering people. I have already said that the matter will be gone into and whatever is possible will be done. It is not a question which we can deal with separately—the question of hospital workers. We have to deal with the grievances of workers in other departments also and Government as a whole will have to take this matter into consideration and do what is necessary.

MR. SPEAKER : Is the hon. Member who moved the cut motions withdrawing them?

DR. K. B. MENON : Sir, I will not be fair to the Opposition on whose behalf I moved the cut motions when some of the important issues remained partially answered or unanswered to withdraw the cut motions.

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MR. SPEAKER : So, the hon. Member is not withdrawing them. I am going to put them to the vote of the House.

-The question is—

“ That the allotment of Rs. 3,73,32,000 under Demand XVI—Medical be reduced by Rs. 100.”

The motion was put and lost.

MR. SPEAKER : Now I am going to put the original motion to the vote of the House.

The question is—

“ That the Government be granted a sum not exceeding Rs. 3,73,32,000 under Demand XVI—Medical.”

The Demand was put and carried and the Grant was made.

MR. SPEAKER : The question is—

“ That the allotment of Rs. 89,51,400 under Demand XVII—Public Health be reduced by Rs. 100.”

The motion was put and lost.

MR. SPEAKER : Now I am going to put the original Motion to the vote of the House.

The question is—

“ That the Government be granted a sum not exceeding Rs. 89,51,400 under Demand XVII—Public Health.”

The Demand was put and carried and the Grant was made.

MR. SPEAKER : There is no cut motion to Demand XXXVII and I am going to put the original Motion to the vote of the House.

The question is—

“ That the Government be granted a sum not exceeding Rs. 1,94,13,200 under Demand XXXVII—Capital Outlay on Public Health.”

The Demand was put and carried and the Grant was made.

(5) DEMAND XXI—INDUSTRIES AND CINCHONA, AND (6) DEMAND XXXIX—CAPITAL OUTLAY ON INDUSTRIAL DEVELOPMENT.

MR. SPEAKER : Now the Hon. Minister for Agriculture will move his Demands.

THE HON. SRI M. BHAKTAVATSALAM : Mr. Speaker, Sir, on the recommendation of the Governor I move—

“ That the Government be granted a sum not exceeding Rs. 4,54, 27,100 under Demand XXI—Industries and Cinchona.”